

## Application to Construct a NEW Septic System

**Fees:**    Single-Family Residential \$100.00    Restaurant \$175.00    Commercial/Industrial \$175.00  
 Multi-Family Residential \$175.00    Other Bldg. (describe): \_\_\_\_\_ \$175.00

**Plus soil testing fee as needed. Includes ONE** plan revision; additional plan revisions will be charged at one-half the original permit fee. All NEW subsurface sewage disposal systems in the Town of Essex shall require an engineered design. All applications must be accompanied by (2) proposal drawings at 1 inch to 20 ft. scale.

**Street Location** \_\_\_\_\_ **Map** \_\_\_\_\_ **Lot** \_\_\_\_\_

**Applicant Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ **Email** \_\_\_\_\_

Signature \_\_\_\_\_

**Property Owner Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ **Email** \_\_\_\_\_

**Engineer Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ **Email** \_\_\_\_\_

License # \_\_\_\_\_

**Installer Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ **Email** \_\_\_\_\_

Signature \_\_\_\_\_ **License #** \_\_\_\_\_ **Expires** \_\_\_\_\_

**The installer MUST present a copy of his/her current license and sign the application IN PERSON**

### Design Considerations

Soil Test (Date) \_\_\_\_\_ Permit No \_\_\_\_\_    Public Water Supply    Private Well

### Area of Special Concern (as per PHC 19-13-B103d(e) - check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Perc < 1min/inch | <input type="checkbox"/> Ground water <3 ft. | <input type="checkbox"/> Designated Wetland                           |
| <input type="checkbox"/> Perc >30min/inch | <input type="checkbox"/> Ledge < 5 ft.       | <input type="checkbox"/> Area of Public Water Utility/Supply          |
| <input type="checkbox"/> Slope >25%       | <input type="checkbox"/> Soil limitations    | <input type="checkbox"/> Within 100ft. of a watercourse/wetland/pond? |
| <input type="checkbox"/> Other _____      |  | <input type="checkbox"/> Within 200ft. of a public water supply?      |

### Proposed Septic System

# Bedrooms: _____	Tank Size: _____	<input type="checkbox"/> H-20 Tank	<input type="checkbox"/> Oversized Tub
Perc Rate: _____ min/in	Pump Chamber (size): _____	<input type="checkbox"/> H-20 Chamber	<input type="checkbox"/> Garbage Grinder
ELA Req'd _____ SF	Leaching Credit (SF/LF): _____	Total Leaching (Length) _____ LF	
ELA Prov'd _____ SF	Leaching Structure: _____	Length of Row 1 _____	Row 2 _____
		Row 3 _____	Row 4 _____

Depth to Restrictive Layer: \_\_\_\_\_ inches

MLSS: \_\_\_\_\_ (HF) x \_\_\_\_\_ (FF) x \_\_\_\_\_ (PF) = \_\_\_\_\_ LF (min. req'd length of each row)

Footing Drain    Curtain Drain    Select Fill    Other considerations \_\_\_\_\_

Application #	Date	Fee Paid	check #
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**FOR OFFICE USE ONLY**  
**PERMIT TO CONSTRUCT A NEW SEPTIC SYSTEM**

**Street Location** \_\_\_\_\_ **Map** \_\_\_\_\_ **Lot** \_\_\_\_\_

**HEALTH DEPT. REVIEW DATE** \_\_\_\_\_

Plan Date: \_\_\_\_\_

1<sup>st</sup> Revision date: \_\_\_\_\_

2<sup>nd</sup> Revision date: \_\_\_\_\_

State Health Dept. Approval Req'd

CT DEEP Approval Req'd

Central System Exception Req'd

**SPECIAL CONDITIONS**

Water/Sewage Restriction

Well Relocation/Retest

Occupancy/Use Restriction

Site Preparation

Curtain Drain/Footing Drain

Other: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approval is hereby granted to construct a NEW septic system at \_\_\_\_\_

With the specifications and conditions described herein. There shall be no deviation from the specifications unless authorized by the sanitarian or his agent in writing.

**DATE ISSUED:** \_\_\_\_\_ **This permit expires one year from the date of issuance.**

The **Installer** must contact the Essex Health Department and **give 48 hours of advanced notice** before beginning any septic installation or repair. Installation inspections are performed periodically by the Essex Health Department Inspector. The **licensed septic installer must be on site** during all phases of the installation. The Inspector keeps a detailed log of all inspections. A final inspection is required by the Inspector before the system is backfilled and covered. Once the installation is complete, and the Inspector has performed the final inspection, **TWO copies of the AS-BUILT drawing** must be submitted to the Health Department for review and approval. Once all requirements have been met, and the AS-BUILT drawing has been approved, a Permit to Discharge will be issued to the property owner.

**Health Dept. Approval:**

Director of Health or Registered Sanitarian

Date

**Application #**

**Date**

**Fee Paid**

**check #** \_\_\_\_\_